

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT **508865**

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	1		2		3	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			2			
TOTAL DEP.			55			
TOTAL CLAIMS			57			

BEST AVAILABLE COPY